

SUMMER CAMP 2015 REGISTRATION FORM

MIDDLE GRADES DAY CAMP AT LANIER

RISING 5TH - 7TH GRADERS

Please refer to "Leisure Times" for full summer camp details. Please print clearly!

CAMPER'S NAME	Date of Birth	Gender
		M F
Address	Grade in Fall 2015	City of Fairfax Resident?
		Yes No

GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

2nd GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

MIDDLE GRADES DAY CAMP AT LANIER

(Time: 8:45am- 3:15pm)



FULL SUMMER (6/29-8/14, no class 7/3)	Session A (6/29-7/2, no camp 7/3)	Session B (7/6-7/17)	Session C (7/20-7/31)	Session D (8/3-8/14)
___ \$850 or ___ \$800 (paying in full at registration by March 1 st)	___ \$140	___ \$300	___ \$300	___ \$300

EXTENDED DAY PROGRAM

	Full Summer 6/29-7/2	Week 1 6/29-7/2	Week 2 7/6-7/10	Week 3 7/13-7/17	Week 4 7/20-7/24	Week 5 7/27-7/31	Week 6 8/3-8/7	Week 7 8/10-8/14
AM Only (7am - 8:45am)	___ \$383	___ \$48	___ \$60	___ \$60	___ \$60	___ \$60	___ \$60	___ \$60
PM Only (3:15m - 6pm)	___ \$485	___ \$60	___ \$75	___ \$75	___ \$75	___ \$75	___ \$75	___ \$75
BOTH AM & PM	___ \$825	___ \$100	___ \$125	___ \$125	___ \$125	___ \$125	___ \$125	___ \$125

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ___ yes ___ no

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook

Signed: _____ **Printed:** _____ **Dated:** _____

<u>PAYMENT INFORMATION</u>
___ Pay in Full ___ Payment Plan ___ Check ___ Cash ___ Credit
<u>Late Fee:</u> For those who chose payment plan there will be a 5 business day grace period then a \$25 per week late fee will be incurred.
<u>CREDIT CARD INFORMATION</u> *required for all payment plans*
Name as it appears on card: _____ Card type: ___ Visa ___ Mastercard ___ AmEx ___ Discover
Credit Card Number: _____ Expiration Date: ____/____ Security Code: _____
Signature _____

All Emergency Contact/Health History Forms must be completed and handed in before June 22nd 2015.
Forms can be found on www.fairfaxva.gov/parksrec.